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SERIAL NUMBER 10/820,195	FILING OR 371(c) DATE 04/06/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. INSL-0110CP
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/943,992 08/31/2001 PAT 6,740,059 which claims benefit of 60/231,476 09/08/2000

** FOREIGN APPLICATIONS *****

W
9/17/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 06/18/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS 72	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>W</u> Examiner's Signature <u>W</u> Initials				

ADDRESS

36310

TITLE

Data collection assembly for patient infusion system

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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